

Appendix 1

**Application for a premises licence to be granted
under the Licensing Act 2003**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form.
If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.
You may wish to keep a copy of the completed form for your records.

I/We JULIE JULY MAY RYAN
(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises Details

Postal address of premises or, if none, Ordnance Survey map reference or description			
ACTIVE4LESS NORTH RD,			
Post town	STAVENAGE	Post code	SG1 4BB
Telephone number at premises (if any)	01582 763898		
Non-domestic rateable value of premises	£		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
Please tick yes

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i. as a limited company please complete section (B)
 - ii. as a partnership please complete section (B)
 - iii. as an unincorporated association or please complete section (B)
 - iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)

- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
 - statutory function or
 - a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

<input type="checkbox"/> Mr	<input checked="" type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other Title (for example, Rev)	
Surname RYAN			First names JULIE JULY MAY		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		5, MAPLE RD,			
Post Town	HARPENDEN		Postcode	ALS 2DX	
Daytime contact telephone number		01582 763 898			
E-mail address (optional)		jmyan@operamail.com			

SECOND INDIVIDUAL APPLICANT (if applicable)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	

Current postal address if different from premises address			
Post Town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day Month Year

--	--	--	--	--	--	--	--

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day Month Year

--	--	--	--	--	--	--	--

Please give a general description of the premises (please read guidance note 1)

This is a Health and Fitness and Squash Club. It is situated on sports designated land, well away from any residential properties. The bar is a service to members and is mainly used following squash matches.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick yes

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

Provision of entertainment facilities:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

Provision of late night refreshment (if ticking yes, fill in box L)

Supply of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Wed					
Thur			Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 5)		
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)</u>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here (please read guidance note 3)</u>		
Mon					
Tue			<u>State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)</u>		
Wed					
Thur			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</u>		
Fri					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	12.00	01.00			
Tue	12.00	01.00	State any seasonal variations for the performance of live music (please read guidance note 4)		
Wed	12.00	01.00			
Thur	12.00	01.00	Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 5)		
Fri	12.00	01.00			
Sat	12.00	01.00			
Sun	12.00	01.00			

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon	12.00	01.00			
		01.00			
Tue	12.00	01.00			
Wed	12.00	01.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Thur	12.00	01.00			
Fri	12.00	01.00	<u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat	12.00	01.00			
Sun	12.00	01.00			

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p><u>Please give a description of the type of entertainment you will be providing</u></p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thur			<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</p>		
Fri					
Sat			<p><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5)</p>		
Sun					

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>			
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)			
			Indoors	<input checked="" type="checkbox"/>		
			Outdoors	<input type="checkbox"/>		
			Both	<input type="checkbox"/>		
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon	12.00	01.00				
Tue	12.00	01.00				
Wed	12.00	01.00			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)	
Thur	12.00	01.00				
Fri	12.00	01.00			<u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	
Sat	12.00	01.00				
Sun	12.00	01.00				

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)	Indoors <input checked="" type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
			Please give a description of the facilities for dancing you will be providing	
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon	12.00	01.00		
Tue	12.00	01.00		
Wed	12.00	01.00		
Thur	12.00	01.00		
Fri	12.00	01.00		
Sat	12.00	01.00		
Sun	12.00	01.00		
			State any seasonal variations for providing dancing facilities (please read guidance note 4)	
			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)	

K

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick (please read guidance note 2)</u>	Indoors	<input checked="" type="checkbox"/>
Mon	12.00	01.00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	12.00	01.00	<u>Please give further details here (please read guidance note 3)</u>		
Wed	12.00	01.00			
Thur	12.00	01.00	<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j (please read guidance note 4)</u>		
Fri	12.00	01.00			
Sat	12.00	01.00	<u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list (please read guidance note 5)</u>		
Sun	12.00	01.00			

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	23.00	23.30	Supper for squash teams following matches.		
Tue	23.00	23.30			
Wed	23.00	23.30	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	23.00	23.30	New Years Eve 23.00 - 1.00		
Fri	23.00	23.30	Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 5)		
Sat	23.00	23.30			
Sun					

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	10.00	24.00	State any seasonal variations for the supply of alcohol (please read guidance note 4) GOOD FRIDAY - NOON - 10.30 pm CHRISTMAS DAY NOON - 3.00 p.m CHRISTMAS DAY 10.00 pm - 10.30 pm NEW YEARS EVE 10.00 - MIDNIGHT NEW YEARS DAY 12.01 am - 11.00 p.m From 12.00 if on a Sunday to 22.30 it on a Sunday.		
Tue	10.00	24.00			
Wed	10.00	24.00			
Thur	10.00	24.00			
Fri	10.00	24.00			
Sat	10.00	24.00			
Sun	12.00	22.30			
			Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)		

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name	JULIE RYAN
Address	5, MAPLE RD HARPENDEN, ALS 2DX
Postcode	ALS 2DX
Personal Licence number (if known)	WN/200500930
Issuing licensing authority (if known)	ST ALBANS CITY & DISTRICT

N

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

NONE

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon	24.00	23.59	<u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u> (please read guidance note 5)
Tue	24.00	23.59	
Wed	24.00	23.59	
Thur	24.00	23.59	
Fri	24.00	23.59	
Sat	24.00	23.59	
Sun	24.00	23.59	

P Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

Please see copy of attached sheets

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

Ryan Leisure Ltd

Licensing Policy – Compliance with Licensing Objectives

Prevention of Crime and Disorder

Ensure that the bar and all functions are staffed adequately in relation to numbers.

Private functions for 100 people would have a minimum of three staff on duty. The most experienced member of staff or Bar Manager to have delegated powers if the Director or Personal Licence Holder is not on site.

Where parties are catered for ensure that staffing takes into account the ages of those attending. For instance, 18th and 21st Birthday parties may require extra staff and where possible more mature staff would be helpful.

Ensure that all staff are properly trained. Guidelines are to be displayed behind the bar for ongoing reference. New bar staff to have an induction and to be made aware of the Licensing Policy.

Do not admit rowdy customers or those who are clearly drunk.

Anyone causing a disturbance would be asked to leave, if they will not do so and are a potential risk the police would be called.

Any one suspected of having drugs or any illegal substance on the premises would be notified to the police.

Public safety

At no time may the permitted numbers be exceeded for any function. The permitted numbers are 180, although company policy is to keep function numbers to 150. Any larger function must be referred to the Director or Personal Licence Holder for authorisation.

Where staff believe that there is a risk or that those drinking are becoming unruly they would close the bar early.

If the Bar Manager or whoever is in charge on the day has concerns, they would notify the Director, Declan Ryan or the Personal Licence Holder, Julie Ryan and seek guidance. Clear guidelines as to what circumstances this would apply to are to be displayed behind the bar and to be included in staff induction. The delegated manager on the occasion would be responsible.

Conduct regular Health and Safety Risk assessments of the premises.

Ensure that Fire Alarms are functioning and tested regularly.

Prevention of Nuisance.

Customers would be asked to leave quietly after functions.

Whilst customers may go outside to smoke, we have always operated a No Smoking policy within the premises as it is contrary to a Health and Fitness Club.

Do not serve customers who are clearly drunk and ask them to leave.

All areas are to be cleared up and checked for cleanliness, ensuring that no cans are left around. As there are frequently bottles, cans and debris left following functions at the Rugby Club, we must ensure that our own premises are well managed.

The function area will be cleared of glasses on the night. A full check, cleaning and clearance will be completed the following morning.

Prevention of Harm to Children

Ensure that there is no under age drinking. If in doubt ID and proof of age would be asked for.

Adults bringing children into the premises must be made fully aware of their responsibilities. Notices are displayed.

As this is a Health and Fitness Club parents must also be made aware of the restrictions on children using other parts of the premises. Adults drinking in the bar cannot abdicate responsibility for the safety of children whilst in the club.

All staff are to be made aware of the licensing policy. Management are to ensure that they understand its implementation. It is based on Company Policy to ensure the safety and welfare of children whilst on site. It takes into account relevant legislation. Ryan Leisure has been Ofsted registered and therefore much of our policy has also related to those requirements.

Policy is to be reviewed and revised in the light of changing circumstances or amendments to legislation.

This has been prepared in accordance with the Licensing Act and Guidelines from the local council.

Updated, 2008

Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

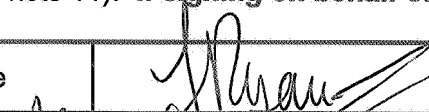
Please tick yes

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable
- I understand that I must now advertise my application
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	21st - 14th August, 2008
Capacity	ADVISER BUSINESS DEVELOPMENT.

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

MRS J. RYAN,
5, MAPLE RD,

Post town	HARPENDEN	Post code	AL5 2DX
Telephone number (if any)	01582 763898	07973 986659	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			
j.j.m.yan@operamail.com			



Daneshill House, Danestrete, Stevenage, Herts SG1 1HN

Consent of individual to being specified as premises supervisor

I JULIE JULY MAY RYAN

[full name of prospective premises supervisor]

of 5, MAPLE RD, HARPENDEN, HERTS, AL5 2DX

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for NEW PREMISES LICENCE

by ~~RYAN LEASURE LTD~~ JULIE JULY MAY RYAN

[name of applicant]

relating to a premises licence

for ACTIVE4LESS NORTH RD, STEVENAGE, HERTS, SG1 4BB

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by RYAN LEASURE LTD

[name of applicant]

concerning the supply of alcohol at ACTIVE4LESS

NORTH RD, STEVENAGE, HERTS, AL5 2DX

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number WN/200500930

[insert personal licence number, if any]

Personal licence issuing authority:

ST ALBANS CITY & DISTRICT COUNCIL

[insert name and address and telephone number of personal licence issuing authority, if any]

J Ryan signed

J RYAN name (please print)

19th Aug 2008 dated

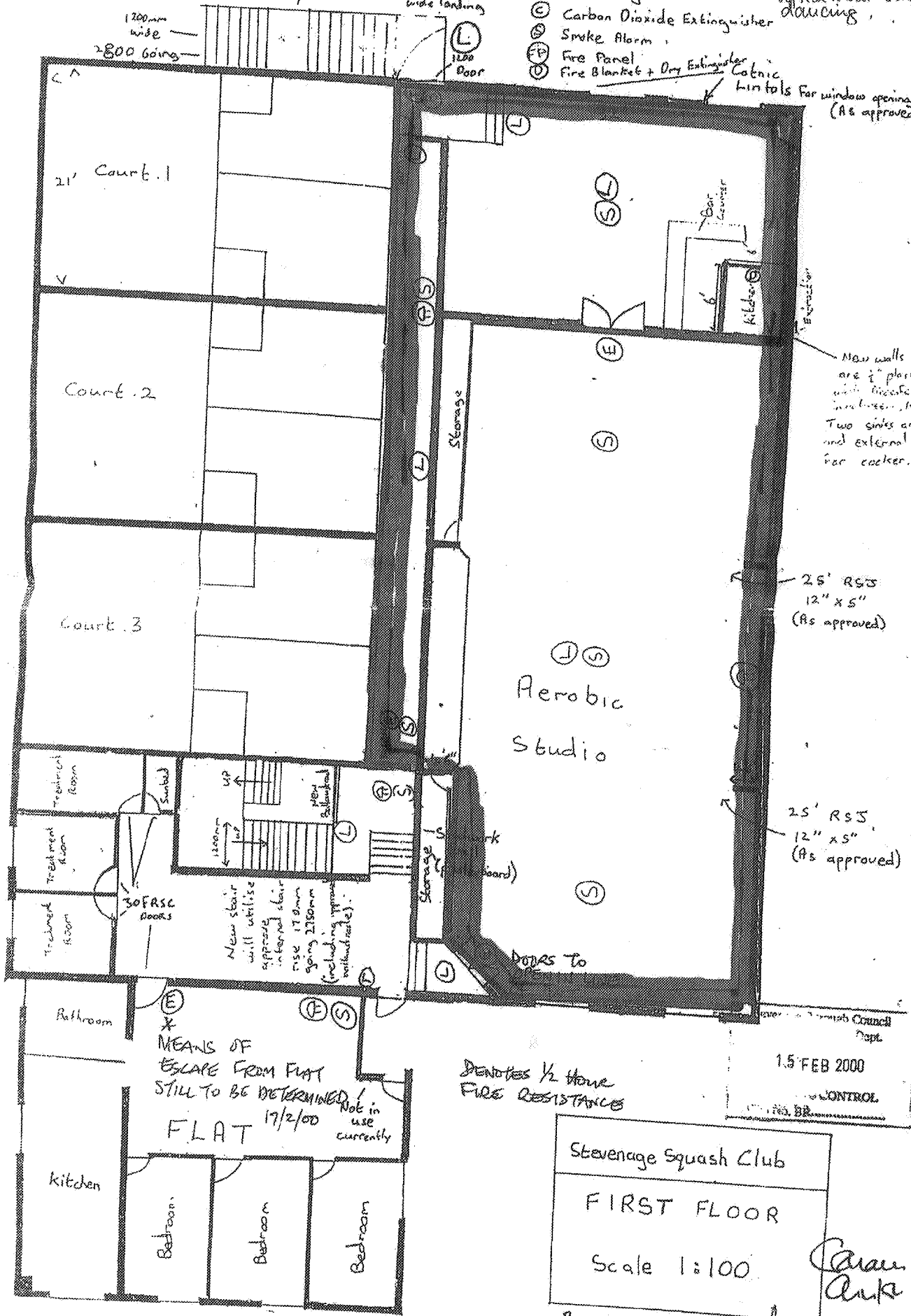
Stevenage Squash Club

North Road
Stevenage

WEATHER PROTECTION
AND LIGHTING AS G.F.
Half Landing

- (E) Emergency Exit Light
- (T) Fire Bell
- (L) Emergency Light
- (F) Fire Extinguisher
- (B) Break glass alarm
- (C) Carbon Dioxide Extinguisher
- (S) Smoke Alarm
- (FP) Fire Panel
- (O) Fire Blanket + Dry Extinguisher

licensable area for supply of alcohol, recorded music, late night refreshment and dancing.



New walls to kit are 1/2 plasterboard with fibreglass rock insulation. There p. Two sinter are incl and external extra for cooker.

25' R35
12" x 5"
(As approved)

25' R35
12" x 5"
(As approved)

MEANS OF ESCAPE FROM FLAT STILL TO BE DETERMINED!
FLAT 17/2/00 Not in use currently

Denotes 1/2 Stone FIRE RESISTANCES

Stevenage Council Dept.
15 FEB 2000
CONTROL
No. 88

Stevenage Squash Club
FIRST FLOOR
Scale 1:100

Caran Antz

REVISION BCO/FPD